

DEPARTMENT OF HUMAN SERVICES

REPORT ON FISCAL YEAR 2001



State of Hawaii

From the Desk of Susan M. Chandler



January 4, 2002

Aloha,

It is my pleasure to convey the FY 2001 annual report for the Department of Human Services (DHS). Through the hard work of its staff, the DHS continues to fulfill the purposes for which it was established – to provide high-quality services and to help people in need.

The DHS' responsibilities include welfare programs, vocational rehabilitation services, medical assistance, foster and child care licensing, child welfare services, and home-based and community-based support for low-income seniors and persons with disabilities.

This year presented special challenges. The tragedy of September 11 affected everyone, and the impact was especially severe for some people who were least able to help themselves. Additionally, in December 2001, the first families went off the welfare rolls.

I am pleased to say that the DHS staff worked to provide innovative programs to meet the community's needs. This annual report details the DHS' accomplishments during FY 2001 and provides a description of the services that the DHS staff provide on a daily basis.

It has been a privilege to be the director of the DHS for the past seven years. In closing, I would like to thank all DHS employees who contribute to our successes, and for their hard work and contribution to helping our clients. Also, I want to express appreciation to those DHS employees who worked in putting this annual report together.

I believe that it will help readers to better understand the DHS. For those readers who would like more information, please visit our website at www.state.hi.us/dhs or call us at (808) 586-4997. Our mailing address is P.O. Box 339, Honolulu, Hawaii 96809.

Sincerely,

Susan M. Chandler
Director

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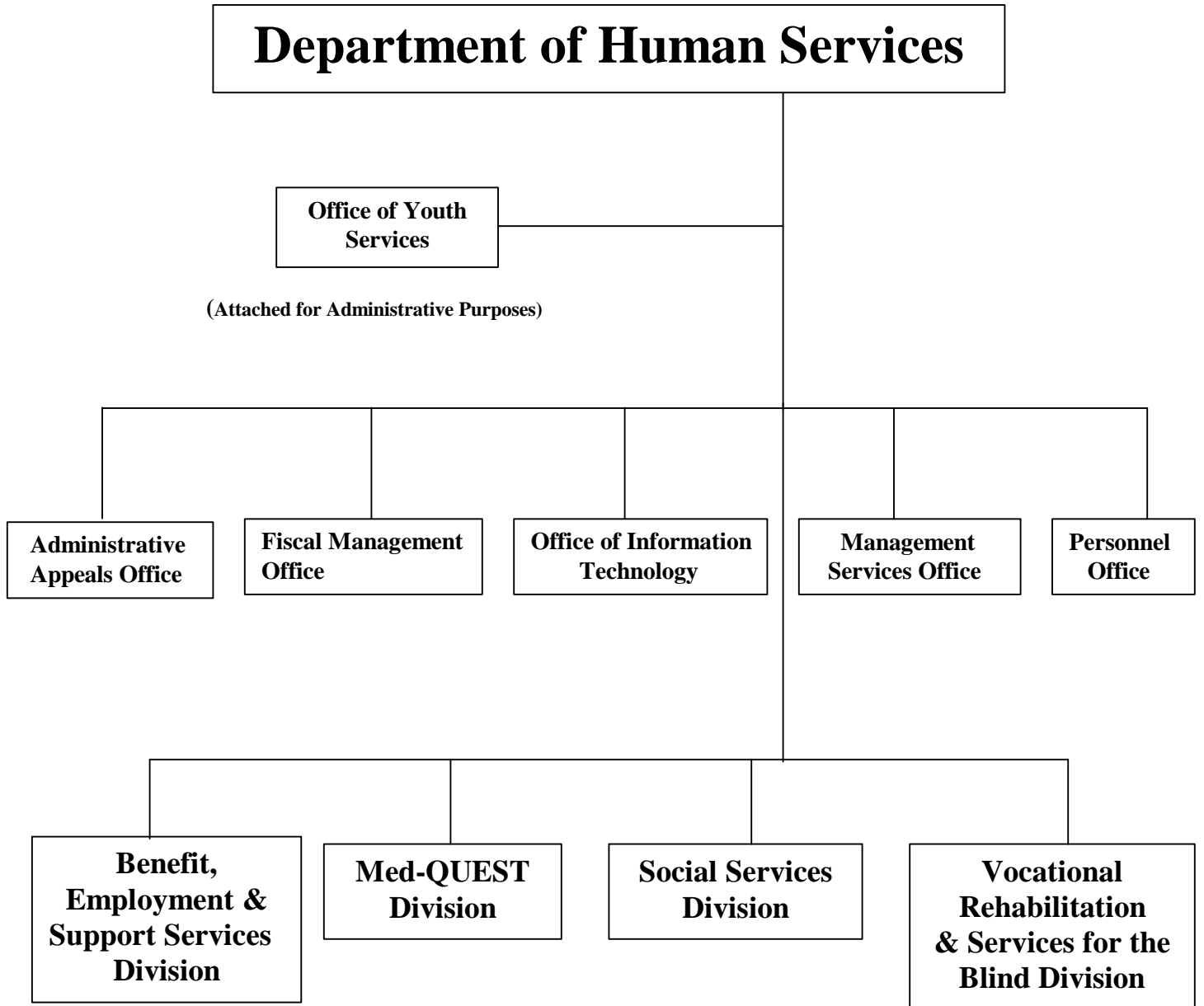
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ORGANIZATION CHART



CHAPTER ONE INTRODUCTION

The Territorial Department of Public Welfare was reorganized as the State Department of Social Services and Housing (DSSH) by the State Legislature in 1959 after statehood. In 1998, the Department was again reorganized and redesignated as the Department of Human Services (DHS). The DHS' mission is to direct its resources toward protecting and helping those least able to care for themselves and to provide services designed toward achieving self-sufficiency for clients as quickly as possible.

With almost 2,000 permanent positions and a budget that exceeds \$1 billion annually, DHS employees strive to help clients meet their basic needs for food, shelter, medical care, and other essentials of daily living. The DHS is divided into four divisions that provide different kinds of assistance. The Benefit, Employment and Support Services Division (BESSD) provides financial assistance and employment supports, the Med-QUEST Division (MQD) provides medical assistance, the Vocational Rehabilitation and Services for the Blind Division (VRSBD) provides vocational rehabilitation services to the disabled and the blind, and the Social Services Division (SSD) provides protective services for abused adults and children and community-based services for aged and disabled persons. Additionally, the Office of Youth Services (OYS), which provides a wide range of services to Hawaii's youth, is administratively attached to the DHS. The four divisions and the OYS are supported by the staff offices, providing fair hearings for clients, fiscal management, information technology systems support, management services, research, personnel and other services.

DHS employees work to strengthen communities and address client needs as efficiently and effectively as possible. Each of the DHS' four divisions has offices throughout the major islands to facilitate geographic support for island-based initiatives and to be accessible for clients. All together, the DHS maintains offices in 88 separate locations.



The Queen Liliuokalani Building on 1390 Miller Street in downtown Honolulu houses the administrative offices of the Department of Human Services.

This year, the DHS achieved many notable accomplishments in each of its divisions. For instance, costs for two benefits programs (the TANF and TAONF programs, which are detailed on page 5) decreased as more benefit recipients found employment. For the second year in a row, there was also a significant decrease in caseload during FY 2001.

The 60-month cutoff for assistance arrived in December 2001. The DHS designed a work supplement program to assist former welfare clients who had used up their eligibility, were employed 20 hours per week' and who still required assistance. These clients may receive a monthly supplement of \$200 for up to 24 months.

The 3rd Special Legislative Session of 2001 passed two bills addressing the loss of health insurance due to the economic downturn caused by the September 11th terrorist attacks. The DHS acted quickly to develop and implement these programs. The 9-11 Net Program, a temporary health insurance program for workers and their family members who lost employer sponsored coverage, was implemented in December 2001. The cost is \$63 monthly per enrollee for a limited medical benefits package. The COBRA Premium Reimbursement Program provides partial reimbursement for persons who lost employer sponsored insurance and who subsequently enrolled in COBRA extended coverage.

The number of child welfare cases continued to rise dramatically in FY 2001, thereby taxing the limited resources of the Child Welfare Services program. However, DHS employees continued to address the challenges by increasing the number of foster and adoptive parents and providing them with additional support. There were increased partnerships to collaboratively address the problems, including the expansion of 'Ohana Conferences.

And, as the elderly population continues to increase, DHS employees investigated more reports of abuse of dependent adults. Eleven innovative programs now provide a continuum of comprehensive home and community-based services to prevent premature institutionalization of frail elders and disabled adults and children. Significantly more clients used these services than in previous years.

The DHS was the proud recipient of Lieutenant Governor Mazie Hirono's SWAT Award in FY 2001, as a result of efforts by the VRSBD's Disability Determination Branch (DDB) and those of the Fiscal Management Office. As a result of these employees' work, the DDB can now receive medical information by facsimile, a more efficient way that saves time and resources for the private sector and the State and resulted in persons with disabilities receiving services more quickly.

The DHS is poised on the threshold of this next century to continue to provide excellent services for persons in need. In addition, the DHS will continue to strive for excellence in service delivery.

CHAPTER TWO BENEFIT, EMPLOYMENT AND SUPPORT SERVICES DIVISION (BESSD)

The Benefit, Employment and Support Services Division (BESSD) is the largest division in the DHS. The BESSD employees provide a continuum of services aimed at providing clients with monthly benefits to assist them with such essentials as food, shelter, and child care, as well as employment support and work-training. Patricia Murakami is the BESSD Division Administrator.

Descriptions of eight BESSD programs that serve different populations follow. Also included is a description of the BESSD Investigations Office designed to prevent and investigate welfare abuse.

Profile of the Nuuanu Applications Unit

In a comfortable neighborhood surrounded by housing projects and Mom and Pop stores in Kalihi, you will find the Nuuanu Income Maintenance Unit. Consisting of twelve (12) staff, the unit services 1,800 households in meeting their nutritional, financial and medical needs. The unit's goal is to provide friendly as well as expeditious service to each and every client that visits the unit, even if they were assigned to another unit on Oahu. Helping clients meet their basic needs is just one of many services provided by this unit. Often, the Income Maintenance Worker (IMW) is the main link between the client and available resources in the community.

As a result of its location, the unit sees applicants from many different ethnic groups. This experience permits the DHS employees to learn about different cultures and traditions. The staff of the unit also share their various cultures with each other and has developed a family closeness. Supervisor Ella Cordeiro notes that, "She sees all of the staff as pieces of material, different in colors and patterns in every way. One by itself may not seem attractive or strong. However, sewn together, the pieces make a beautiful, unique quilt. Like the pieces of material that make a quilt, the unit's employees are different in every way, but together they are strong, as they strive to provide excellent, friendly services that our clients deserve."



Governor Ben Cayetano and the staff of the Nuuanu Unit

**A. TEMPORARY ASSISTANCE TO NEEDY FAMILIES (TANF) AND
TEMPORARY ASSISTANCE TO OTHER NEEDY FAMILIES (TAONF)**

TANF and TAONF are the time-limited welfare programs for adults with children. These programs provide monthly cash benefits to families for food, clothing, shelter, and other essentials. To qualify, a family must include children under the age of 19 and the family's total gross income must be under 185% of the 1993 Federal Poverty Level (FPL). For a household of three persons, this means that the monthly income must be less than \$2,109 and the net income must be under 50% of the 1993 FPL or under \$570. Individuals may receive benefits for a maximum of five years in their lifetime. The goal of both programs is for clients to achieve financial self-sufficiency.

Unlike the old welfare program, which fostered dependence and low self-esteem, the TANF and TAONF programs require work and promote self-reliance, responsibility, and family stability. Both TANF and TAONF offer a package of strong incentives and penalties, child care support for working parents, and restructured welfare benefits so that it "pays to work."

The TANF and TAONF programs differ only in their funding sources. TANF is funded by a federal block grant. TANF provides assistance to single parent families whose members are U.S. citizens. Hawaii designed a second program, TAONF, to support two parent families and those families in which at least one member is a non-citizen using state funds.

Approximately 19,500 families received TANF/TAONF benefits during FY 2001. This represents a significant reduction over the past five years.

TANF/TAONF Caseload

Fiscal Year	Families per Month	Average Time on Assistance (in months)
1997	22,333	30
1998	23,530	29
1999	23,659	27
2000	21,782	13*
2001	19,464	15*

*Average time on assistance was recomputed from the start of TANF/TAONF in July 1997.

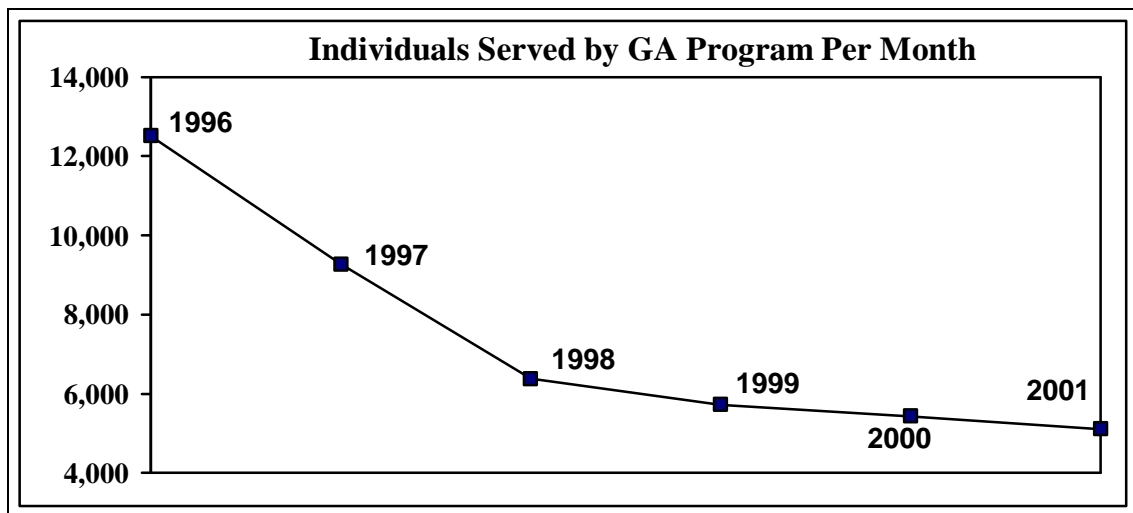
B. GENERAL ASSISTANCE (GA)

The GA program provides cash benefits for food, clothing, shelter, and other essentials to adults between the ages of 18 and 64, who are without minor dependents, are disabled and who do not

qualify for Social Security benefits. To be eligible, the adult must have little or no income, not qualify for a federal category of assistance, and be certified by a DHS health care provider to be unable to engage in any substantial employment of at least thirty hours per week for a period of at least sixty days. The goal of this program is to provide economic assistance to those who are eligible for financial support to ensure they receive at least a minimally adequate standard of living.

The GA program is funded by a block grant appropriated by the Hawaii State Legislature. In order for the Department not to exceed its appropriation, the Department may be required to make adjustments to the monthly benefit amount throughout the year based on the number of individuals who are eligible for the program. Currently, the monthly benefit is \$418 a month which is the maximum allowed under the state's standard of assistance for an individual. To be eligible for this program, assets may not exceed \$2,000 for a single person and \$3,000 for a couple.

In FY 2001, an average of 5,100 individuals per month received GA. Over the past five years there has been a decrease in the number of individuals receiving GA, partly due to the continued efforts of the Department through its contractor, the Legal Aid Society of Hawaii, to transfer individuals who qualify into the federally funded, Supplemental Security Income program.



Year	1996	1997	1998	1999	2000	2001
# Served	12,510	9,273	6,373	5,718	5,434	5,108

C. AID TO THE AGED, BLIND AND DISABLED (AABD)

The AABD program provides cash benefits for food, clothing, shelter, and other essentials to adults who are elderly (65 years of age or older) or who meet the Social Security Administration (SSA) definition of disabled. This program ensures these persons receive at least a minimally adequate standard of living. To qualify, individuals must have countable income that is below 62.5% of the 1993 FPL and may not have resources in excess of \$2,000 for a single person and \$3,000 for a couple.

The average number of clients served each month by the AABD program was 2,982 in FY 2001. Of these clients, 54.3% were aged 65 or older.

AABD Caseload

Year	Individuals per Month
1996	2,840
1997	3,060
1998	3,213
1999	3,227
2000	3,198
2001	2,982

D. FOOD STAMP

The Food Stamp program is federally funded through the U.S. Department of Agriculture. The Department issues monthly benefits to eligible low-income families. The purpose of the program is to safeguard the health and well-being of the nation's population by raising the level of nutrition among low-income households. Food Stamp clients may purchase food using their Electronic Benefit Transfer (EBT) Card, which replaced food stamp coupons on all islands in August 1998.

To qualify for this program, a household must have income below 130% of the Federal Poverty Level (FPL), \$1,761 for a family of three in 2001. Households may not have resources in excess of \$2,000 unless one of the members is over age 60. Benefit amounts are based on income and family size. The current maximum benefit amount for a family of three is \$524 a month.

In FY 2001, an average of 51,594 households consisting of 110,374 people was served in the Food Stamp program on a monthly basis.

Persons Participating in the Food Stamp Program by Other Programs

Program	AFDC	AFDC-UP	GA	SSI	AABD	NPA	Total
Monthly Average	37,846	22,893	3,841	14,775	938	30,081	110,374

AFDC = Aid to Families with Dependent Children recipients
 AFDC-UP = Aid to Families with Dependent Children -- Unemployed Parents recipients
 GA = General Assistance recipients
 SSI = Supplemental Security Income recipients
 AABD = Aid to the Aged, Blind and Disabled recipients
 NPA = Non-Public Assistance recipients

E. FOOD STAMP EMPLOYMENT AND TRAINING (E&T)

The E&T program is designed to assist able-bodied persons receiving Food Stamp benefits to obtain employment and to become self-sufficient. The E&T program emphasizes employment, work experience, training, on-the-job training, and limited job search activities. In addition, supportive services in the form of a participant reimbursement to cover work-related expenses and child care are provided by the program. Approximately 1,470 clients were served in FY 2001. The number of exits due to employment rose from 146 in FY 2000 to 160 in FY 2001. During FY 2001, the average wage at exit was \$7.05 per hour and the median wage was \$6.50 per hour.

F. FIRST TO WORK (FTW)

Implemented during FY 1997, the FTW program is designed to assist able-bodied persons receiving cash assistance obtain employment and become self-sufficient. The FTW program serves TANF recipients and emphasizes employment, skill-building, training, on-the-job training, and job search activities. Supportive services such as child care, transportation reimbursement, and work related expenses are also provided.

The FTW program offers several work-incentive and job-readiness programs to clients through contracts with public and private agencies. Some clients receive work experience through volunteer placements in state agencies through the Work Plus program, while others are paid through a grant given to a non-profit agency that hires a client through the Grant Plus program. A total of 9,949 clients were served in FY 2001.

Clients Served by the First-to-Work Program in FY 2001

Island	FY 1998	FY 1999	FY 2000	FY 2001
Oahu	5,878	6,096	6,251	7,046
Hawaii	1,477	1,878	1,924	2,144
Maui/Molokai/Lanai	386	544	796	538
Kauai	175	337	412	221
State Total	7,916	8,855	9,383	9,949

Profile of the Wahiawa First-to-Work Unit

Roman Leverenz, Self Sufficiency and Support Services Specialist, noted, “Although most of us did not have this type of job in mind when we were going to college, we are happy to have found this ‘niche.’ And it is not only when a client obtains employment that makes us feel good about the job we are doing. It is also when clients realize that there is a better future ahead and they begin to believe enough in themselves to start making that future a reality for both themselves and their children.

We are ‘enablers’ of a different order. This program, at its best, enables a client to succeed by first helping the client determine obtainable career goals. Then we develop a plan that leads to that goal. Finally, we give the client the necessary resources and support to help the client achieve the goal. All of us, from the unit supervisor to the secretarial staff, the case managers, and social workers and job developers try to help the client succeed. When clients do succeed, we feel successful and rewarded beyond measure.”



Wahiawa FTW Unit

G. CHILD CARE

Child Care Connection Hawaii offers child care licensing and child care payment assistance to needy families. The licensing program’s primary intent is to ensure the safety, health, and well-being of children cared for within licensed facilities. The goal of the payment assistance program is to assist financially needy families with child care subsidies so they can work or attend training to become self-sufficient.

In FY 2001, there were 23,103 families receiving child care payment assistance for 31,881 children, of which 6,311 children were served during the school year through the A+ Program. Payments totaling \$33.6 million were made for child care.

H. INVESTIGATION AND RECOVERY OFFICE (INVO)

The INVO provides investigative services in support of the DHS’ efforts to discover, investigate, report, and prosecute crimes that violate rules for programs administered by the BESSD. In addition to prosecutions, the INVO disqualifies clients found to have provided false eligibility information and recovers, to the maximum amount practicable, monies due the DHS as a result of overpayments. The INVO also conducts investigations of malfeasance within the Department.

In FY 2001, the INVO received 2,821 complaints and referrals from fraud hotlines as well as DHS workers in income-maintenance units. Six hundred thirty seven (637) individuals were disqualified for fraudulently obtaining benefits. In addition, the INVO referred 150 cases to the prosecutors’ offices after investigations. The total fraud amount involved in these cases was \$2,915,377, averaging \$19,436 per case.

I. BESSD ACCOMPLISHMENTS IN 2001

FY 2001 was a challenging year for the BESSD. Federal law required the Department to prepare clients for the end of their cash assistance. Clients, for the first time in Hawaii's history, who had been on welfare for 60 consecutive months would be ineligible for any additional cash assistance. Despite this challenge, it was a successful year and there were many accomplishments. Some of these are discussed below.

- ? The TANF and TAONF programs are designed to improve the total economic well-being of the client. The number of employed individuals increased from 6,550 in FY 1997 to 7,369 in FY 2001. Currently, 58% of our adult recipients are employed. The monthly gross income generated by TANF/TAONF households increased from \$3.7 million in FY 1997 to \$5.2 million in FY 2001. FY 2001 was the second consecutive year in which there was a significant decrease in the number of households receiving assistance, from 21,782 in FY 2000 to 19,464 in FY 2000. The cost of assistance per TANF household decreased from \$584 in FY 1997 to \$504 in FY 2001; and the cost of assistance per TAONF household decreased from \$636 per household in 1997 to \$518 in FY 2001. Significantly, the average length of time on assistance for clients decreased from 30 months in FY 1997 to 15 months in FY 2001 resulting in a cost avoidance of \$1.9 million in TANF costs.
- ? A new and innovative program, the Employment Subsidy Program, was implemented to help address the needs of former TANF/TANOF clients who used up their 60 months of eligibility, are employed and still need assistance. This program allows these individuals who are employed 20 hours per week or more to receive a \$200 monthly supplement for up to 24 months.
- ? The General Assistance (GA) Program achieved its objective that all those needing assistance are now assessed through the use of a consistent disability determination standard. Applicants are first examined by a contracted medical provider and then all medical examinations are reviewed by a Departmental panel.
- ? The GA program also continues to meet its objective of increasing the number of referrals to the federal Supplemental Security Income (SSI) program. To meet this goal, the DHS extended its advocacy contract with the Legal Aid Society of Hawaii to maximize the number of people eligible for federal assistance. As a result of this contract, 246 individuals were converted from state assistance to the federal Supplemental Security Income program.
- ? The AABD program continues to meet its objective of expediting the reimbursement of SSI benefits to eligible households. In FY 2001, approvals and reimbursements from the federal Supplemental Security Income (SSI) program increased significantly as a result of effort by the Legal Aid Society of Hawaii. This is important as it provides more money to these individuals and shifts the cost from the state to the federal government.
- ? The E&T program provides services to help as many clients as possible achieve employment and become self-sufficient. The number of exits due to employment rose from 146 in FY 2000 to 160 in FY 2001. During FY 2001, the average wage at exit was \$7.05 per hour.

- ? The FTW program served more clients, 9,949, in FY 2001 than in previous years. A total 8,504 TANF and TAONF clients found work and total exits from assistance due to employment was 907.
- ? 23,103 families received child care payment assistance for 31,881 children of which 6,311 were children served through the A+ program. Payments totaling \$33.6 million were made for child care.
- ? Child Care Connection licensed more Group Care Centers (this includes Group Child Care Homes, Before and After School, and Infant Toddler Centers) in 2001 than in previous years. The total number of Group Care Centers in FY 2001 was 552. Additionally, more than 19,180 licensed child care slots were available, an increase of more than two thousand since FY 2000.

CHAPTER THREE

MED-QUEST DIVISION (MQD)

The mission of the Med-QUEST Division (MQD) is to develop and administer high-quality health care programs serving all eligible Hawaii residents while using state and federal monies in the most efficient and cost-effective manner possible. The MQD has an annual budget of \$722.4 million (\$409.7 million in federal funds) for benefits and administration. Aileen Hiramatsu is the MQD Division Administrator.

The MQD administers the State's medical assistance or Medicaid programs. Medicaid, a federal program created by Congress in 1965, was designed to provide medical care to the low-income population.

The MQD provides medical assistance through several programs under Medicaid. Hawaii QUEST Managed Care (QUEST) and Medicaid Fee-For-Service (FFS) are the two largest programs. Other programs include QUEST-Net, QUEST Spenddown, Transitional Medical Assistance, State Children's Health Insurance Program (S-CHIP), Immigrant Children's Program, and Individuals with Breast and Cervical Cancer. Additionally, the MQD oversees the Funeral Payments Program for the state. All together, the MQD oversees the provision of health care to more than 169,000 eligible residents.

There is one application form for all Medical Assistance programs. Applicants are urged to apply, and the Department will place eligible persons in the appropriate program. There are basic qualifications as well as financial qualifications which differ dependent upon categorical eligibility.

Basic eligibility requires the applicant to: (1) be a U.S. citizen or qualified alien for individuals age 19 years and older (citizenship requirements may be waived for individuals under age 19), (2) be a Hawaii resident, and (3) not be residing in a public institution. Financial eligibility requires the applicant to be within income and asset limits. However, pregnant women and individuals under age 19 are not subject to an asset limit.

The MQD coordinates with other health insurers to ensure Medicaid FFS and QUEST recipients who have other health insurance coverage exhaust their benefits before Medicaid FFS or QUEST benefits are utilized. The MQD also recovers medical expenses when Medicaid FFS or QUEST recipients are injured in motor vehicle accidents and employment-related accidents, and when QUEST or FFS clients recover damages from malpractice suits, product liability suits, and other lawsuits. Under certain conditions, a claim may also be filed against the estate of a deceased Medicaid recipient for funeral, burial, or medical expenses.

Employee Profile

Rose Cullen has worked at the MQD for four years. In July of 1997, she joined the Med-QUEST Division as a volunteer under the First-to-Work program. From January 1998 through July 2000, she worked as an emergency hire in various branches within the MQD. While working at the MQD, she learned various clerical and customer service skills.

On November 1, 2001, Rose was hired as a Provider Hotline Representative, a permanent position in the Customer Service Branch. Her duties are to verify recipient eligibility for



providers and hospitals to ensure proper billing. Rose does an excellent job of assisting providers and has received numerous commendations. She goes the “extra mile” to assist providers with necessary information to resolve medical and dental claims of recipients. Rose’s persistence in providing accurate recipient eligibility information helps the Customer Service Branch in resolving many of the outstanding billing issues of our recipients.

A. HAWAII QUEST MANAGED CARE (QUEST)

In the QUEST program participants may choose their health care service provider from various managed health plans throughout Hawaii. Members are able to choose from a selection of health plans, knowing that all plans offer the same benefits. Beneficiaries choose their own primary care doctor from among the provider network of their respective medical plans. The QUEST program serves eligible individuals who are under age 65 and not blind or disabled.

Benefits under QUEST include:

- ? Inpatient hospital care – medical, surgical, and rehabilitation care, inpatient psychiatric and detox, maternity and sub-acute;
- ? Outpatient hospital care – emergency room, ambulatory surgical centers and outpatient psychiatric;
- ? Prescription drugs (generic unless unavailable), maintenance prescription drugs, prenatal vitamins, and birth control pills for adults;
- ? Laboratory, radiology, and diagnostic;
- ? Biological and medical supplies including medical equipment and appliances;
- ? Physician services;
- ? Podiatry;
- ? Whole blood;
- ? Eye examination, refraction, and eyeglasses;
- ? Prosthetic devices, including hearing aids;
- ? Transportation to, from, and between medical facilities, including inter-island or out-of-state air transportation, food and lodging when necessary;
- ? Nursing facility services and home health;
- ? Respiratory care services;
- ? Hospice care services; and
- ? Dental services – individuals under 21 have full dental benefits, adults have emergency care only.

B. MEDICAID FEE-FOR-SERVICE (FFS)

The FFS program covers eligible residents who are age 65 and older, blind, or disabled. In the FFS program, recipients may see any participating Medicaid provider and the State pays for eligible medical services. The benefits under FFS are the same as those for QUEST.

C. EARLY & PERIODIC SCREENING, DIAGNOSIS, & TREATMENT (EPSDT)

The Early & Periodic Screening, Diagnosis & Treatment (EPSDT) program offers additional services for all Medicaid clients under 21 years of age. There is no co-payment requirement, and EPSDT provides coverage for:

- ? Complete medical and dental examinations;
- ? Hearing, vision and laboratory tests;
- ? Immunizations and skin tests for tuberculosis;
- ? Assistance with necessary scheduling and transportation upon request; and
- ? Additional needed treatment for conditions detected during screening.

D. QUEST-NET

The QUEST-Net program offers beneficiaries limited health care benefits, although children in QUEST-Net receive the same benefits as the QUEST program. To be eligible for QUEST-Net, beneficiaries must first be enrolled in the QUEST or FFS programs and subsequently lose coverage due to increasing income, assets, or other qualifying reasons. The income range for QUEST-Net can be up to 300% of the FPL and some members may have to pay a monthly premium share.

Maternity benefits are not covered under the QUEST-Net program, but once a female is determined pregnant she may apply for the QUEST program and when deemed eligible, receive full maternity benefits including prenatal vitamins. Also, the EPSDT program is available to clients under age 21.

E. QUEST SPENDDOWN

The QUEST Spenddown program provides medical and dental coverage to certain families and children who, because of their income, are not eligible for coverage under the QUEST program. QUEST Spenddown is also available to clients who are QUEST-Net recipients who have a medical need for which QUEST-Net coverage is exhausted or is not provided.

To qualify, a family's monthly gross income must be more than the FPL but not exceed 300 % of the FPL for a family of applicable size. The family must also have monthly medical bills that are equal to or greater than the family's excess income amount. The spenddown amount is the family's excess income amount or the amount of medical bills the family will be responsible to pay for a given month. The remaining medical bills will be paid by the QUEST Spenddown program if it is an eligible service.

F. TRANSITIONAL MEDICAL ASSISTANCE

Prior to the Welfare Reform Act of 1996, a person who was eligible for Aid to Families with Dependent Children (AFDC), the predecessor to the TANF program, was automatically eligible for Medicaid. The Welfare Reform Act delinked TANF and Medicaid eligibility and concurrently created section 1931 of the Social Security Act to protect persons who formerly would have been eligible for both AFDC and Medicaid.

Previously, when a recipient lost AFDC eligibility due to increased earnings or work hours, the recipient was entitled to AFDC transitional Medicaid for up to twelve months. Under Section 1931 provisions, a recipient who qualifies for medical assistance using AFDC standards can receive free medical assistance. When a recipient loses Section 1931 status, continued free medical coverage for up to twelve months is provided under the provisions of Section 1925 of the Social Security Act. To be eligible for the Section 1925 extension, a family must (1) have been eligible under Section 1931 provisions, (2) have lost Section 1931 eligibility due to increased earnings or loss of earned income exemptions of a family member, and (3) include a child under 19.

G. STATE CHILDREN'S HEALTH INSURANCE PROGRAM (S-CHIP)

S-CHIP was created to help states expand health coverage to more children whose families may be working but do not earn enough to pay for private coverage for their children. Federal funds cover 67.70% of the program costs, and the state's Tobacco Settlement Funds cover the remaining 32.30% (effective October 1, 2001, the federal share of the program costs increased to 69.44%).

To qualify for free health coverage, children must be uninsured, under age 19, and have family income less than 200% of the FPL. For a three-person household this is income of \$2,806 a month and \$3,384 a month for a four-person household.

H. IMMIGRANT CHILDREN'S PROGRAM

Hawaii provides immigrant children who are barred from participating in the Medicaid program the same benefits as U.S. citizens through an S-CHIP look-alike program funded entirely with state monies. The program provides legal immigrant children under age 19 with family income within 200% of the FPL the same services as provided under the FFS and QUEST programs.

I. BREAST AND CERVICAL CANCER PROGRAM

Medicaid Fee-for-Service is available to individuals under age 65 with cancer or pre-cancerous conditions of the breast and cervix as allowed by Public Law 106-354. These individuals must be screened and diagnosed by a physician approved by the Hawaii Breast and Cervical Cancer Control Program of the Department of Health, are without medical coverage, and have gross family income less than 250% of the FPL. Assets are not considered in determining eligibility.

Hawaii also provides the same coverage to individuals who are barred from participating in the Medicaid program through a look-alike program funded entirely with state monies. The state companion program for individuals with breast and cervical cancer was established in 2001 by the Hawaii Legislature in Act 278.

J. 9-11 NET and COBRA PREMIUM REIMBURSEMENT PROGRAMS

The 3rd Special Legislative Session of 2001 acted to pass two bills addressing the loss of health insurance due to the economic downturn caused by the September 11th terrorist attacks on the East Coast. Act 6 of the Special Session created two programs to promote continuity of health care coverage for affected workers and their families. With the help of the Governor's emergency powers provided in the Special Session, the MQD expedited the development and implementation of those programs.

In December 2001, the MQD implemented the 9-11 Net program, a temporary health insurance program for workers and their family members who lost employer-sponsored coverage due to the September 11th events. Eligible persons pay \$63 monthly per enrollee for a limited medical benefits package.

In January 2002, MQD will implement the COBRA Premium Reimbursement (CPR) program for persons who lost employer-sponsored insurance due to the September 11th events and who subsequently enrolled in COBRA extended coverage. Persons who are eligible will receive partial reimbursement of up to three months of COBRA premiums. The Division will provide an eligibility file to the Department of Labor and Industrial Relations which will issue payments to eligible persons.

K. FUNERAL PAYMENTS PROGRAM

The Funeral Payments program provides partial payments to qualified applicants, up to a maximum of \$400 for mortuary expenses and \$400 for burial expenses. Any person may apply for the deceased. Applicants should apply for funeral benefits with the Med-QUEST Division before making the funeral arrangements. The deceased person may be eligible if qualifying under one of the following two categories:

- ? Person who is eligible for medical or financial assistance from the State, or
- ? Unclaimed body, meaning the person died without any known or surviving relatives and friends, or the deceased person died without any legally responsible relatives (for example, the deceased did not have a spouse or legal guardian).

L. THIRD PARTY LIABILITY PROGRAM

The Third Party Liability (TPL) program ensures that Medicaid FFS and QUEST recipients who have other health insurance coverage exhaust these benefits first before Medicaid FFS or QUEST benefits are utilized. This cost avoidance process is coordinated with other health insurance providers such as Medicare, CHAMPUS, Veterans' Administration, Workers' Compensation, HMSA, HDS and Kaiser.

The TPL program also recovers medical expenses when Medicaid FFS or QUEST recipients are injured in motor vehicle and employment related accidents, and when QUEST or Medicaid FFS recipients recover damages from malpractice suits, product liability suits, and other lawsuits related to slip and fall injuries, and assaults. If a third party is liable for the recipient's injury, the Medical Claims Unit in the Fiscal Management Office files a lien against the liable third party.

Under certain conditions, a claim is also filed against the estate of the deceased Medicaid recipients for funeral, burial and medical expenses.

Employee Profile



Sunny Yee has been employed with the MQD's Eligibility Branch since April 1994. She was among the first group of employees that initially implemented the QUEST program. Through the years, Sunny developed a very proactive way of doing her work. She assists Korean-speaking applicants and recipients and eases their transition into and through the MQD's programs. She also provides Korean-language translation for phone system messages during the annual plan change periods and for special projects. She helps other staff members to assist with Korean translation.

Sunny works with clients in nursing homes and assists staff and families by going to them and helping them in their annual reviews. By going to facilities, she is able to work directly with the staff and family to gather the needed information and forms and answer any questions that might arise. Sunny developed an orientation session for all new nursing home social workers and is always available to answer their questions or assist them. Sunny also assists the Eligibility Branch with special projects and assignments, bringing with her a positive and cheerful attitude. Her goal is to do the best job possible in the most efficient way.

M. MQD ACCOMPLISHMENTS IN 2001

- ? Hawaii has entered a first in the nation, state-to-state partnership with Arizona's Medicaid agency. This collaboration provides a new and innovative way to increase effectiveness and cost savings. In December 2000, Arizona began processing the Medicaid managed care information system for Hawaii. The Department is currently working with Arizona to process our fee-for-service claims by October 2002.
- ? The QUEST health plans saved \$3,043,623 as a result of TPL and the Medicaid program cost avoided \$122,131,298. Of this amount, \$98,481,825 was attributable to the Medicare program.
- ? In calendar year 2000, with the assistance of the Department of the Attorney General, the MQD recovered a total of \$2,191,513 from insurance and estate recoveries and home and third party liens.
- ? The QUEST program continued to show improvement in quality measurements such as children's access to primary care practitioners and immunizations.

Children's access to primary care practitioners (PCP) in the QUEST program continued to improve in the current fiscal year. In the past three fiscal years, children's access to primary care increased from 89.9% to 97.0% in the one to two years old age group, increased from 79.7% to 90.2% in the two to six years old age group, and increased from 76.2% to 90% in the seven to eleven years old age group. These results exceeded the

same measures reported by the American Public Human Services Association (APHSA, 1998) in all three categories by over 10% points.

Immunization in the first two years of life is accepted as one of the most effective public health measures in preventing serious illness. Many studies have shown that low-income children are less likely to receive timely immunizations. Therefore, childhood immunization status is an important consideration in the QUEST program. In FY 2000, QUEST's performance in this measure continued to improve. Although QUEST's rate did not reach the national Healthy People 2000 goal of 90% immunized, it is much higher than the national Medicaid rate as reported by the American Public Human Services Association (APHSA, 1998) and the National Committee on Quality Assurance (NCQA, 1999) rates.

- ? Outpatient pharmacy prescriptions and costs will be a future challenge for the Medicaid program. Outpatient pharmacy prescription costs have risen in the past three fiscal years. The average number of prescriptions increased from 7.39 to 8.73 per member per year, and the average cost increased from \$12.15 to \$16.16 per member per month. An increase in outpatient utilization rate is associated with efforts to better manage disease and decrease the inpatient and emergency room use. However, the average cost per member per month increased about 33% in the past three years, and has become a serious challenge in controlling the overall cost of patient care.

CHAPTER FOUR

SOCIAL SERVICES DIVISION (SSD)

The Social Services Division's (SSD) focus is to provide protection and security for abused children and dependent adults. While ensuring safety, SSD employees endeavor to minimize disruption for clients and provide for safe living arrangements. The SSD's goal is to reduce the recurrence of abuse, neglect, and maltreatment.

The SSD has two branches, the Child Welfare Services Branch and the Adult and Community Care Services Branch. Both branches aid vulnerable members of society and are community-based and neighborhood-focused, with partnerships and collaborations between the public and private sectors. Dr. Patricia Snyder is the SSD Division Administrator.

A. CHILD WELFARE SERVICES (CWS)

The overall goal the Child Welfare Services (CWS) program is to ensure the safety and permanency of children in their own homes or, when necessary, in out-of-home placements. When a child cannot be safely returned to the family within a reasonable time frame, the CWS program proceeds to find each child a permanent placement through adoption, legal guardianship, or other long-term substitute care.

CWS programs include child protection, family support, foster care, adoption, independent living, and licensing of foster family boarding homes, group homes, and child placing organizations. The CWS Branch has 35 units statewide. There were 6,401 active CWS cases at the end of FY 2001. Over the last six years, cases have increased by over 30%.

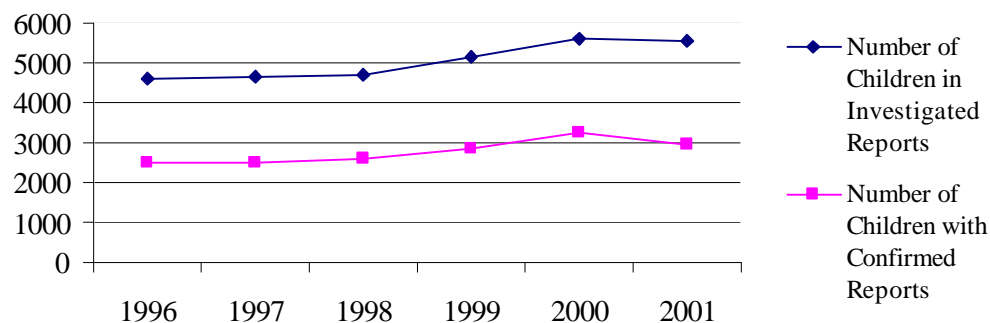
Numerous factors contribute to child maltreatment, such as parental substance abuse, family violence, and mental illness. Effective CWS program intervention requires strong partnerships with the police, the Family Court and the Departments of Health and Education, private agencies, and community groups, which play a crucial role in the safety and healthy development of children.

How a Case Progresses

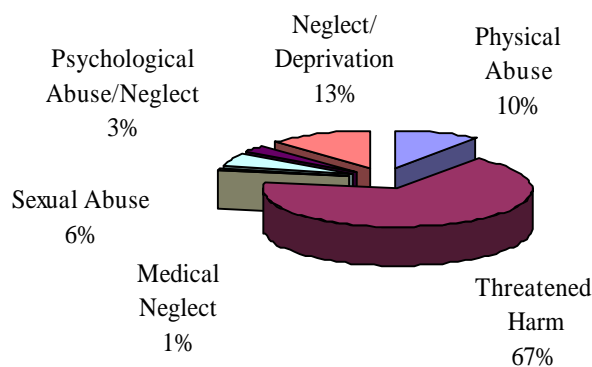
Child abuse and neglect reports made to CWS are assessed to determine if intervention is necessary to ensure the safety of the child. Over the past six years, the number of children in reports assigned for investigation increased by 22% from 4,584 in FY 1996 to 5,575 in FY 2001. During the same period, the number of children with confirmed reports increased by 20%.

Of the 5,575 reports assigned for CWS in FY 2001, 2,971 children or 53% were found to be victims of child maltreatment. In the majority of cases, children with confirmed reports were threatened with harm to their safety.

CHILDREN IN INVESTIGATED AND CONFIRMED REPORTS OF MALTREATMENT STATEWIDE FY 1996-2001



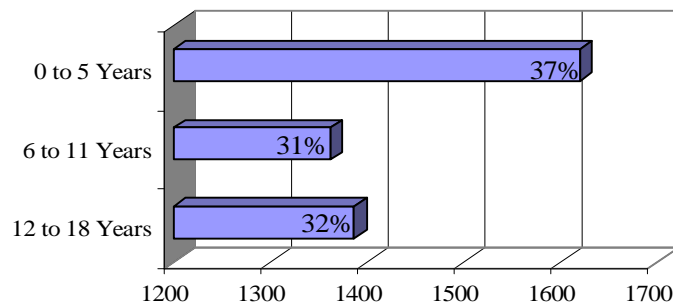
TYPES OF CHILD MALTREATMENT REPORTS CONFIRMED STATEWIDE FY 2001 (2,971 CHILDREN)



Once a child is found to be a victim of maltreatment and depending on the severity of harm, the police may place a child in protective custody. The child is then released to the Department for temporary custody and placement into a foster home. If continued foster care placement is necessary to ensure the child's safety, the Department can either obtain a voluntary foster care agreement from the child's parents or file a petition with the Family Court. Whenever possible, the Department works with the child's family to identify relatives or family friends, who are able to meet licensing requirements and who could serve as foster parents to the child. Parents are provided with services to assist them in establishing and maintaining a safe home for the return of their child. If the parents are unable to establish and maintain a safe home for their child within 12 months, the Department will proceed with filing a court petition to terminate parental rights. In the majority of cases, the Department is able to maintain the child safely in the home with their parents and/or reunify the child with their parents.

A total of 4,370 children were in foster care during FY 2001. Nearly 40% of these children were children aged 5 and younger. The DHS is continuing its efforts to recruit foster families for general licensing and to place children with extended family members in special licensed homes.

AGES OF CHILDREN IN FOSTER CARE STATEWIDE FY 2001 (4,370 CHILDREN)



Of the 1,877 children that exited foster care in FY 2001, 61% were reunified with their families, 14% were adopted, and 10% left care to a legal guardianship. 11% of the children left to another type of permanent arrangement, such as emancipation.

A CWS Family Profile

A family was referred to CWS for neglect. Due to substance abuse, the parents, in their mid-20s, were unable to care for their five children and had alienated themselves from the children's grandparents and their extended family. To address the family's issues, the parents agreed to participate in 'Ohana Conferencing to develop and implement safety and permanency plans agreed upon by family members. By involving extended relatives, the family was able to re-establish ties, repair relationships, and identify a safe, temporary placement for the children with relatives.

After participation in voluntary services, including substance abuse treatment, parenting education, support groups, and transitional living through 'Ohana Ola and Ho'omau Ola, the parents were ready to assume parental responsibility. After 18 months, the case was closed without a need for court intervention. The parents continue to utilize community services, but more importantly, they have created an informal system of support through strengthened connections with their own parents and other relatives. The CWS supervisor reports that the children are healthy and are consistently attending school.

B. ADULT AND COMMUNITY CARE SERVICES BRANCH

The goals of the Adult and Community Care Services Branch are twofold: (1) to protect vulnerable dependent adults, and (2) to prevent premature institutionalization of vulnerable dependent adults. Adult Protective Services accomplishes the first goal by engaging in crisis intervention, including investigation and providing emergency services to dependent adults who are reported to be abused, neglected, or financially exploited by others or seriously endangered due to self-neglect. Adult abuse reports were received and investigated on 480 dependent adults: 71% of the reports involved individuals age 60 and older and 203, or 42% of the reports investigated were confirmed for abuse, neglect, or financial exploitation. Subsequent re-abuse within a 12-month period occurred in 4.4 % of the confirmed reports.

The administration of eleven innovative programs, described below, help this branch reach the second goal by providing a continuum of comprehensive home and community-based services. These home and community-based services include:

Adult Day Care: This program assists a limited number of disabled adults with placement and the cost for licensed adult day care services in the community. In FY 2001, 92 individuals received adult day care services.

Adult Foster Care: This program provides placement and case management services to eligible clients in adult residential care homes. In FY 2001, 328 individuals received adult foster care services.

Chore Services: This program provides essential housekeeping services to enable eligible disabled clients to remain in the community. In FY 2001, 1,423 individuals received chore services.

Medicaid-Waiver Programs:

Developmentally Disabled/Mentally Retarded Home and Community-Based Services Program (HCBS): In FY 2001, this program helped 1,335 individuals with developmental disabilities and mental retardation, who are Medicaid-eligible, and certified as requiring Intermediate Care Facility-Mental Retardation level of care to live in the community. The DHS and the Department of Health collaborate to administer and implement the program as well as to maximize federal Medicaid reimbursement.

HIV Community Care Program (HCCP): In FY 2001, this program provided 86 persons diagnosed with HIV infection and/or AIDS, who are Medicaid-eligible, and certified as requiring nursing facility level care, with care services that support living in the community during the last stages of the disease.

Medically Fragile Community Care (MFCC): This program in FY 2001 served 17 children under 21 years old, who are Medicaid-eligible, and need sub-acute or nursing facility level of care, and whose families need support to keep them in the home or in a licensed child foster home.

Nursing Home Without Walls (NHWW): This program provides in-home services, as an alternative to institutional care, to Medicaid-eligible individuals, including children, who are certified as requiring nursing facility level of care. In FY 2001, 805 individuals received services from the NHWW Program.

Program of All-Inclusive Care for the Elderly (PACE): This program is a managed care program that in FY 2001 provided services for 107 elders certified as requiring nursing facility care through a fixed per person, per month rate.

Residential Alternative Community Care Program (RACCP): This program provides residential placements in foster homes, expanded ARCHs (Adult Residential Care Homes), and assisted living facilities as alternatives to institutional care for Medicaid-eligible adults who require nursing facility level care. In FY 2001, 653 individuals received services from the RACCP.

In addition:

Foster Grandparent Program: This program enables low-income seniors to assist children with special needs. In FY 2001, 162 foster grandparents volunteered their time to work with 720 children.

Senior and Respite Companion Programs: Through this program, low-income older adults provide in-home companionship and limited personal care to frail elders and provide respite and relief to caregivers. In FY 2001, 216 companions delivered services to 893 clients.

CLIENTS SERVED BY ADULT AND COMMUNITY CARE SERVICE BRANCH

PROGRAM	FY 98		FY 99		FY 00		FY 01	
ADULT PROTECTIVE SERVICES								
Reports investigated	467		453		407		480	
Confirmed abuse or neglect	189		196		203		203	
HOME AND COMMUNITY-BASED SERVICES								
Chore	1,435		1,414		1,471		1,423	
Adult Day Care	80		81		87		92	
Adult Foster Care	735		468		363		328	
Senior Companion ¹	121	280	140	300	147	469	156	587
Respite Companion ²	55	110	77	120	73	281	60	306
Foster Grandparent ³	145	603	150	650	160	700	162	720
Medicaid Waiver Programs:								
NHWW	506		639		729		805	
RACCP	133		284		442		653	
DD/MR HCBS	821		971		1,089		1,335	
HCCP	77		66		73		86	
MFCC ⁴	n/a		n/a		3		17	
PACE	70		87		92		107	
Medicaid Waiver Program Subtotal:	1,607		2,047		2,428		3,003	

¹ Senior Companions served annually/Clients served annually (Prior to FY 2000, numbers reflected average number of clients served monthly).

² Respite Companions served annually/Clients served annually (Prior to FY 2000, numbers reflected average number of clients served monthly).

³ Foster Grandparents served annually/Children with special needs served annually.

⁴ The MFCC Program began operations in March 2000.

Employee Profile

As an Adult Protective Services (APS) worker, Sue McNeil arrives at work wondering what challenges await her interviewing, networking and investigative skills. Sue has never had “another boring day in Paradise!” Her caseload includes clients receiving Adult Protective Services, Nursing Home Without Walls services, and adult services. As an APS worker, Sue is a frontline worker in the community’s efforts to address the problems of abuse, neglect, and



exploitation of dependent adults. Through the NHWW program she is able to assist individuals with nursing level needs to remain at home with family by arranging for a variety of supportive services.

To look at Sue, you would not guess that she has been with the DHS for over twenty-seven years. Starting as an income maintenance worker in 1974, Sue’s career goals later led to her employment as a Social Worker I. Soon after, with the encouraging support of her family and co-workers, Sue returned to the University of Hawaii’s School of Social Work for her Master’s degree in Social Work, which she received in 1994. Sue eventually moved into her current position as the APS worker

for the Kauai Adult and Community Care Services Section.

Although the nature of her job has changed from the time she was an income maintenance worker, Sue continues to demonstrate the same dedication and commitment to her clients and to community agencies and resources. Fortunately for the DHS and her clients, Sue has no plans for retirement in the near future.

C. CHILD WELFARE ACCOMPLISHMENTS IN 2001

- ? Due in part to the constant challenges and difficulties social workers in CWS address on a daily basis, the CWS Branch frequently has vacancies. Consequently, the DHS and the University of Hawaii, School of Social Work collaborated to implement an innovative work-study program for social workers interested in completing a Masters of Social Work degree (MSW). There are now 20 MSW graduates employed in the CWS Branch.
- ? `Ohana Conferencing is a family decision-making practice that is used to develop and implement safety and permanency plans agreed upon by family members. First started as a pilot project in 1995, `Ohana Conferencing has helped more than 1,400 families since 1998. In FY 2001, more than 485 `Ohana Conferences were conducted, including the facilitation of 43 legal guardianships and seven adoptions. Additionally, `Ohana Conferencing was defined in legislation that was passed by the 2001 Legislature and codified into law in Act 51. The Edna McConnel Clark Foundation has approved a grant from the National Council of Juvenile and Family Court Judges to evaluate Hawaii's innovative family conferencing model.
- ? One of the CWS program's objectives is to increase the number of foster and adoptive parents and to provide them with more support. In FY 2001, CWS expanded specialized services to foster parents on Oahu and targeted recruitment of foster families for children with special needs. Funding was increased for child foster board payments program and 118 new foster/adoptive parents were recruited, trained, and approved. A pilot curriculum was successfully implemented for special-licensed foster parents on Oahu. An expanded array of post-permanency services, that included a mentoring program for adoptive parents and a support group for school-aged adopted, was implemented through the Adoption Connection.
- ? The CWS Branch established eight (8) multi-agency case coordinators and 21 additional case support aides statewide to improve case coordination for families with special needs children.
- ? In an effort to provide more services to foster children, the CWS program collaborated with the Hawaii Youth Services Network and the Casey Family Program to help youth transition from foster care to independent living with funds awarded through the federal Chafee Act.
- ? The CWS program collaborated with the Family Court, Na Keiki Law Center, and Friends of Foster Kids to institute Project Visitation. This project recruits and trains volunteers to provide transportation and facilitate visits with siblings living in different foster homes.

- ? A new project, called Project HOPE (Hawaii Outreach Pre-Placement Evaluation), is now open in the CWS unit based in Ewa. In collaboration with Kapiolani Medical Center, the University of Hawaii School of Medicine's Hawaii Dyson Initiative, the City Prosecutor's Office, and the Honolulu Police Department, children entering foster care may receive a comprehensive medical assessment in the Ewa unit.
- ? The CWS Branch is partnering with the Family Court and the Department of Health's Alcohol and Drug Abuse Division to plan and develop a Family Drug Court.

D. ADULT AND COMMUNITY SERVICES ACCOMPLISHMENTS IN 2001

- ? Institutionalization was prevented or delayed for 11.45% or 498 more individuals in FY 2001 than in FY 2000. In FY 2001, services were provided to 4,847 frail elders and disabled adults and children.
- ? Act 273 passed by the 2001 Legislature and signed into law by Governor Cayetano, authorizes the licensing of home and community-based case management agencies and the certification of community care foster family homes. This law will assist more individuals to be placed in community care foster family homes or Expanded Adult Residential Care Homes. The law also establishes guidelines for licensed case management agencies to certify community care foster family homes that will provide long term care for individuals with nursing facility level care needs. The law will make certified adult foster homes available to the general public as a long-term care resource option that were previously accessible to Medicaid waiver program clients only.
- ? The SSD staff worked closely with Kapiolani Hospital and homecare/home health agencies to identify areas of service delivery fragmentation for medically fragile children. This coordination resulted in restructuring the hospital discharge process and increasing the availability of nurses trained to serve children with ventilators and tracheotomies living at home.



Employee Profile

Jolean Yamada is an invaluable staff member of the East Hawaii Section of the Adult and Community Care Services Branch. Jolean, who has been with the Department of Human Services since 1998, is the only "Homemaker" in the State. As a Homemaker, Jolean provides supportive in-home services to help families remain intact during crisis periods. She also teaches recipients or primary caregivers to improve their household management and family care and disabled recipients to maintain or improve independent living skills. Throughout her years of service with the DHS, Jolean has received many letters of appreciation from clients with whom she has worked.

According to Jolean, she enjoys her work because she feels she “makes a difference” in the quality of life for her clients. Along with her dedication, her bright, cheery and spirited sense of humor makes her perfect for the job. Clients become so comfortable with her, she says it is like having a large extended family.

CHAPTER FIVE

VOCATIONAL REHABILITATION & SERVICES FOR THE BLIND DIVISION (VRSBD)

The Vocational Rehabilitation and Services for the Blind Division (VRSBD) administers three programs that have separate but related functions to provide for the rehabilitation needs of persons with disabilities to secure employment and to lead full and independent lives. The underlying philosophy of the VRSBD is that through employment, individuals with disabilities are empowered toward economic self-sufficiency, independence, and inclusion and integration into society. Neil Shim is the VRSBD Division Administrator.

A. VOCATIONAL REHABILITATION PROGRAM (VR)

The VR program provides vocational rehabilitation services to assist persons with disabilities to prepare for and enter the world of work. The economic benefits of the VR program are significant. They include increased earnings and purchasing power, increased taxes paid, and a decreased dependency on public assistance. As persons with disabilities achieve the employment outcome intended by the program, they become taxpaying citizens and more than “pay back” the costs of the program.

A Rehabilitant Profile

A focus on a successful VR participant best illustrates how powerful this program can be. William Beardsley suffered from Guillain-Barre syndrome that made walking, talking, seeing, and even breathing difficult and affected his thought processes, causing confusion and memory loss. This neuro-muscular disease also exacerbated his Post-Traumatic Stress disorder. The Veteran’s Primary Care Clinic provided psychotherapy, medical care, and counseling, and referred him to the VR program for employment assistance.

William started growing dendrobium orchids as a hobby during his recuperation from his neuro-muscular disease. This hobby grew into a sizable nursery. He was provided a Veteran’s Administration self-employment grant. The VR program provided him with business computer training, transportation to attend training and psycho-therapy, and self-employment counseling through the Hawaii Island Farm Workers Project. At one point, the VR program arranged for the Association of Retarded Citizens (ARC) of Hilo to move 20,000 orchid plants from one site to another site that William had acquired.

This established a relationship between William and the ARC of Hilo where he now serves as consultant and mentor to their program for nursery training for persons with disabilities. He continues to experience ups and downs, but is determined to sustain his 11,500 square feet of greenhouse space that holds 45,000 beautiful dendrobium orchid plants. In 2001, Senator Russell Kokubun presented a legislative certificate to William Beardsley in the Aloha Aina Orchids, Inc. nursery as one of the VR program’s rehabilitants of the year.



Vocational Rehabilitant of the Year 2000 William Beardsley and
VR Program Administrator, Neil Shim

Profile of the VR Oahu Branch Management Team

The VR program's Oahu Branch management team is made up of Branch Administrator Gwen Kagihara, Susan Foard, Jay Fujimori, Ele Macdonald, Albert Perez, Wayne Sunahara, Donna Vanderlaan, and Karen Kutaka. This team has demonstrated outstanding abilities to take on challenges to improve services for eligible persons with disabilities. Until a year ago, persons with disabilities waited eight to ten weeks before seeing a counselor for an intake appointment. The team restructured and retooled the intake process. Participants now come in for an intake appointment within two weeks of their orientation.

This team also worked on ways to enhance the participants' self-determination skills to ensure more informed choice in their vocational goal. A "Choices Group" was designed and developed so participants are able to match their unique strengths, resources, priorities, concerns, abilities, capabilities, and interests with the demands and rewards of different jobs. This group empowers and reinforces the participants' understanding of their abilities as well as educating participants about what to expect from specific jobs.

This management team's collaboration with Oahu Work Links (OWL) has VR liaison counselors going out to the various OWL offices to provide services to persons with disabilities who come to an OWL One Stop Center. The management team also oversees two national competitive grants: (1) the "Project with Industry" grant in which the VR program partners with the business community in placing persons with disabilities into jobs, and (2) the "Imua Keiki" grant which assists high school students with disabilities transition smoothly into jobs or post-secondary education.

Oahu Management Team



left to right: Wayne Sunahara, Susan Foard, Albert Perez, Ele Macdonald, Donna Vanderlaan

B. SERVICES FOR THE BLIND PROGRAM – HO’OPONO

Ho’opono, the Services for the Blind program, enables visually impaired adults to attain maximum vocational and functional independence with its team of skilled professionals providing varied services to meet the participant’s individual needs.

C. DISABILITY DETERMINATION PROGRAM

The Disability Determination program adjudicates and processes disability claims of Hawaii residents for Social Security Disability Insurance (SSDI) authorized by Title II of the Social Security Act and Social Security Income (SSI) authorized by Title XVI of the Act. The SSDI program provides benefits to insured workers with disabilities and their families based on the worker’s employment and earnings history. The SSI program serves financially needy aged, blind and disabled individuals, including those with no recent employment experience. Claimants may also be eligible for benefits under both programs.

Office Profile: Disability Determination Branch (DDB)

This year, Lieutenant Governor Mazie Hirono presented the DDB with the Second Annual SWAT award. The award was for the DDB’s efforts to reduce delays in determinations made on disability benefits by the Social Security Administration.

The DDB’s four-year effort to improve program efficiency was coordinated and spearheaded with persistence by the DDB’s supervisor, Cynthia Lefever, who wondered why a facsimile could not be used in place of original invoices to improve the provision of services to the recipients and applicants. Amy Tagawa, who has more than 30 years of service with the DDB, is in charge of all mail receipts and payments for the DDB. She voiced a concern that doctors were discouraged from using the fax machine to send their records to the DDB because a state statute required a mailed original invoice in order to promptly pay for the records. The DDB, with the assistance of

Karen Takahashi and Wendy Javillo, surveyed physicians to determine if they would be willing to send their materials by facsimile. After sending surveys to more than 3,000 doctors, the DDB requested permission to receive invoices by fax. In March 2001, the DDB received an exception to the statute. Since then, the DDB has received the necessary medical evidence by fax. Now payment processing is easier and there has been no loss of records. Vendors find the process easier to use and, most importantly, claimants receive a more timely decision.



left to right: Wendy Javillo, Amy Tagawa, Karen Takahashi

D. VRSBD ACCOMPLISHMENTS IN 2001

- ? The VR program increased the annual earning power for people with disabilities by 398%, from an average of \$2,704 prior to receiving services to an average of \$13,468 after rehabilitation.
- ? The VR program assisted 566 individuals in obtaining employment. Of these 566 individuals, 526 (92%) went to work in competitive jobs; 233 (41%) had severe disabilities; and 190 (33%) received public assistance prior to their rehabilitation.
- ? Vocational Rehabilitation Specialists placed 27 individuals with severe visual problems into a wide range of jobs, a 30% increase in placement from FY 2000.
- ? The Rehabilitation Teacher provided in-home services that assisted 83 persons, over 100% more than the year before, with visual impairments to resume personal, leisure, and home management activities.
- ? The Disability Determination Branch (DDB) processed 10,654 disability determination cases in FY 2001 compared to 9,940 that were processed in FY 2000.
- ? 5,841 favorable determinations were made by the DDB compared to 3,810 in FY 2000, and a 95% accuracy rate was achieved on all processed determinations.

- ? Currently, 12,890 individuals, plus their dependents, receive SSDI benefits and 13,962 individuals currently receive SSI benefits. The actual SSDI and SSI disability payments made to residents of Hawaii totaled approximately \$203,624,000.

CHAPTER SIX

OFFICE OF YOUTH SERVICES (OYS)

The Office of Youth Services (OYS) was established by the Legislature in 1989 and administratively placed within the DHS. The OYS coordinates a continuum of services and programs for youth-at-risk to prevent delinquency and reduce the incidence of recidivism. The OYS also strives to provide a clear sense of responsibility and accountability for all youth services in Hawaii. Although a core responsibility of the OYS is to manage and operate the Hawaii Youth Correctional Facility (HYCF), the agency places great emphasis on providing and supporting “front end” prevention, diversion, and intervention services. Governor Cayetano appointed Bert Matsuoka as the OYS Executive Director.

The OYS focuses on six programs that address youths’ needs from prevention to incarceration and aftercare. The following narratives provide a brief description of the programs and services the OYS provided in FY 2001.

A. YOUTH SERVICE CENTERS (YSC)

The purpose of the Youth Service Centers (YSC) is to provide a safe environment where all youth, particularly those over-represented in the juvenile justice system, may foster resiliency and achieve a successful transition to young adulthood. The YSC services and activities demonstrate a balance between the interests and the needs of at-risk youth, as well as the general youth population. The YSC services include community-based outreach, case management services, positive alternative activities, educational development activities, and mentoring.

These programs are intended to engage the youth from a holistic approach in developing their physical, intellectual, emotional, and social well-being. The YSC are envisioned to serve as a “one-stop shop” for youth services and create a welcoming environment for youth and their families. Collaboration and partnerships with public and private agencies are vital to each center’s success and sustainability. This network of services provides youth and their families access to more intensive services and increases an agency’s ability to make successful connections and referrals in the community.

B. YOUTH GANG RESPONSE SYSTEM (YGRS)

The Youth Gang Response System (YGRS) program was created to address the problem of youth gangs through an orderly and coordinated effort. The YGRS program provides the State with a vehicle to implement an effective gang response program that includes government agencies working with community-based providers to provide social and economic opportunities for both youth at-risk for gang involvement or are currently involved with gangs.

Members of the YGRS program work together to provide a combination of prevention, intervention, and suppression strategies to address the youth gang problem. The program includes the following components: (1) law enforcement and gang intelligence; (2) sharing of information; (3) training and community awareness; (4) school and community-based prevention and intervention programs; and (5) research and evaluation.

In order to meet its purpose, the YGRS program funds government entities to develop and implement programs that work to address the key elements of this statewide network. County police departments train and maintain personnel to monitor youth gang activities, conduct gang prevention and intervention programs, and deliver public awareness presentations about youth gangs to community groups. The Department of Education conducts a truancy-intervention program for middle and high school students on Oahu. The University of Hawaii Social Science Research Institute conducts research on juvenile crime and evaluates the YGRS program and its member agencies. The City and County of Honolulu Department of Parks and Recreation provides teen programs; and the Department of the Attorney General coordinates and staffs the Statewide Law Enforcement Gang Task Force.

C. ADOLESCENT DIVERSION – HO’OKALA

Ho’okala, which means to “free or release,” is a statewide diversion program that the Juvenile Justice State Advisory Council and the Office of Youth Services began in 1993 to ensure that juveniles are not secured inappropriately in police lock-up. The program was implemented to maintain compliance with three of the four federal mandates of the Juvenile Justice and Delinquency Prevention (JJDP) Act of 1974. Most importantly, the program aims to divert juveniles from further involvement with the juvenile justice system and to provide immediate intervention at the point of arrest.

Ho’okala provides status offenders and nonviolent law violators who have been arrested and who would otherwise be securely confined in police lock-ups, with 24-hour access to immediate crisis intervention services, assessment services, referral services, and short term case management services. As necessary, the program also provides one-to-one supervision (attendant care) for youth who are waiting for their parents to pick them up and access to emergency shelter services. Services are aimed at reuniting youth with their families and, in cases where that is not feasible, to provide the least restrictive care. Ho’okala is not a residential program but the program has access to shelter services.

D. NON-RESIDENTIAL AND IN-COMMUNITY SERVICES

Non-residential and in-community services provide appropriate intervention and supportive services to youth who are experiencing behavioral, emotional, substance abuse, or adjustment problems while in the community. Youth who benefit from these services are those in transition from incarceration at the HYCF to the community and youth who may be at risk for incarceration or further involvement in the juvenile justice system. These services include assessment/diagnosis, intensive supervision, individual, group and family counseling, cognitive restructuring, anger management skill development, independent living, social skill building, self-concept development, alternative educational services and substance abuse education. Family strengthening activities are also provided as part of an overall effort to successfully maintain the youth in their families.

E. COMMUNITY-BASED RESIDENTIAL SERVICES

Research has demonstrated that community-based services are more effective than institutional care or incarceration for the majority of troubled, abused, and neglected youth. Youth who do not require secure confinement in an institution or correctional facility are better served in a less

restrictive environment that can provide individual and intensive services that are conducive to their growth and development.

Community-based residential programs are generally more cost-effective than institutional care and have shown to be more effective at reducing offender recidivism than correctional institutions. Through purchase of service contracts, the Office of Youth Services provides community-based residential services for youth.

F. HAWAII YOUTH CORRECTIONAL FACILITY (HYCF)

The primary purpose of the HYCF is to provide safe and secure housing for the most violent and dangerous juvenile offenders who pose a threat to the community. The HYCF provides a variety of counseling, treatment, and educational services within the facility to aid in the redirection and rehabilitation of each ward. It is intended that all staff members be a part of this effort to provide guidance and opportunities for positive changes in the behavior of the youth.

The HYCF now has a vocational education building that contains offices and classrooms for group training sessions. The purpose of the vocational training program is to instill good work ethics and appropriate social skills necessary for the youth to gain and retain employment, and to provide real world experience for the youth. The youth are taught basic job skills in aquaculture, hydroponics, automobile mechanics, food services, and building maintenance. The vocational training program will be integrated into the daily operations of the facility.

In addition to the six service areas, the OYS also oversees and manages a variety of federal grant programs that enables the state to improve the juvenile justice and education systems and/or implement local programs and services for youth. In FY 2001, the OYS administered approximately \$5.85 million of federal funds for youth programs and services. The following narratives provide brief descriptions of the various federal grant programs.

G. U.S. DEPARTMENT OF JUSTICE, OFFICE OF JUVENILE JUSTICE and DELINQUENCY PREVENTION (OJJDP)

In 1974, Congress enacted the federal Juvenile Justice and Delinquency Prevention (JJDP) Act to achieve directives aimed at improving the effectiveness of the juvenile justice system. The Hawaii Juvenile Justice State Advisory Council (JJSAC), a Governor-appointed group, provides the Governor, the Legislature, and the OYS with policy recommendations and oversees the administration of the OJJDP programs. Following is a brief description of the OJJDP federal grant programs.

Title II, Formula Grants Program

The Formula Grants Program enables states to meet and maintain compliance with the four mandates of the JJDP Act, support delinquency prevention efforts, and improve the juvenile justice system. The four mandates of the JJDP Act are deinstitutionalization of status offenders, jail and lock-up removal, sight and sound separation, and disproportionate minority confinement.

Title II, Part E, Challenge Activity Grants Program

The Challenge Grant Program provides incentives for states participating in the Formula Grants Program. These incentives are provided to improve the state's juvenile justice system by developing and improving policies and programs in one or more of ten specified State Challenge Activity areas.

Title V, Incentive Grants for Local Delinquency Prevention Program

The Title V Grant is administered and structured similarly to a block grant program because resources are provided directly to units of local government. The purpose of the program is to reduce delinquency and youth violence by supporting communities in identifying, planning, and implementing delinquency prevention programs.

Enforcing Underage Drinking Laws

The Underage Drinking Grant Program assists states in actively addressing the problem of alcohol consumption by minors by funding a variety of educational, enforcement, and collaboration efforts.

Juvenile Accountability Incentive Block Grant (JAIBG)

The JAIBG program provides funds to states and units of local government to promote greater accountability in the juvenile justice system. Through this program, juvenile offenders are held accountable for their wrongdoing by individualizing their consequences and to make them aware of and answerable for the loss, damage, or injury perpetuated upon victims.

H. U.S. DEPARTMENT OF EDUCATION - SAFE AND DRUG FREE SCHOOLS AND COMMUNITIES ACT (SDFSCA)

The purpose of SDFSCA is to support local initiatives to meet the National Education Goal that, by the year 2000, every school in the United States will be free of drugs, violence, and unauthorized presence of firearms and alcohol. The OYS receives and administers the Governor's Program, which is 20% of the total state grant amount.

I. U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES – TITLE XX BLOCK GRANT

The purpose of the Title XX Grant Program is to provide services to youth in need of temporary placement in community-based residential programs. A primary goal of this grant is to assist youth increase their self-sufficiency and prevent their further institutionalization within their social welfare or juvenile justice system.

CHAPTER SEVEN

DHS ADMINISTRATION

The Office of the Director has the primary responsibility for the daily operations of the DHS. The Director is appointed by the Governor and confirmed by the Senate, and is assisted by the Deputy Director.

Five Staff Offices support the DHS Administration.

The Administrative Appeals Office (AAO), headed by Susan Wong, provides administrative proceedings for contested cases for the DHS's programs. It has contracts with fifteen (15) attorneys in private practice to conduct hearings for the Department. The AAO receives almost 2,000 fair hearing requests and referrals annually and it issues about 800 fair hearing decisions each year. The AAO also serves as the rules coordinator for the Department and reviews administrative proceedings for the adoption, modification, or repeal of Departmental rules.

The Fiscal Management Office (FMO), managed by Ed Igarashi, provides staff assistance and advisory services for the administrative functions of fiscal management and housekeeping services. The FMO formulates policies and procedures and administers the Department's central accounting, funds management, client and vendor payment, employee payroll, inventory management, contracting, purchasing, records management, office space allocation, and central mail distribution functions. The FMO also provides consultative and technical advisory services in these functional areas.

The Management Services Office (MSO), led by Benjamin Fong, provides research, budget, quality assurance, program and financial evaluation, and assessment capabilities to enable the DHS to oversee its programs and to make effective decisions concerning those programs. The MSO conducts studies, analyses, evaluations, and reviews to ensure regulatory compliance, achievement of stated goals and objectives, and effective and efficient Departmental programs and services and use of resources.

The Office of Information Technology (OIT), managed by James Lum, provides overall administration, planning, direction, management, development, implementation, and maintenance of all Information Technology (IT) systems and processing for the Department. Oversight includes, but is not limited to, providing business application development and maintenance, project planning and management, systems software and hardware procurement and management, telecommunications and network management and support, technical training, operations of the DHS computing facility including data control, and technical help desk functions.

The Personnel Office (PERS), managed by Departmental Personnel Officer Benjamin Fong, oversees the personnel programs of the Department, including recruitment, examination and placement, position description, classification and pricing analysis, labor relations, civil rights, employee safety and relations, employee training and development, personnel transactions, and maintenance of records.

**APPENDIX I
THE BUDGET FOR FISCAL YEAR 2001**

By Division and Attached Agency

<u>Division</u>	<u>HMS</u>	<u>Program Title</u>	<u>Positions</u>	<u>Amount</u>
BESSD	201	Temporary Assistance to Needy Families	0.00	\$82,679,768
BESSD	202	Payments to Assist the Aged, Blind and Disabled	0.00	\$23,540,752
BESSD	203	Temporary Assistance to Other Needy Families	0.00	\$39,405,440
BESSD	204	General Assistance Payments	0.00	\$24,761,632
BESSD	206	Federal Assistance Payments	0.00	\$1,491,331
BESSD	236	Eligibility Determination & Employment-Related Services	595.00	\$24,013,582
BESSD	237	Employment and Training	2.00	\$2,661,084
BESSD	302	Child Care Services	25.00	\$5,964,118
BESSD	305	Child Care Payments	0.00	\$39,234,561
BESSD	903	General Support for Benefit, Employment & Support Service	103.00	\$19,867,408
MQD	230	Health Care Payments	0.00	\$296,299,049
MQD	245	QUEST Health Care Payments	0.00	\$306,547,519
MQD	902	General Support for Health Care Payments	210.00	\$23,732,440
SSD	301	Child Welfare Services	374.00	\$40,748,034
SSD	303	Child Placement Board and Related Client Payments	0.00	\$28,518,123
SSD	601	Adult Community Care Services Branch	81.50	\$12,831,912
SSD	603	Home-Based and Community-Based Care Services	0.00	\$54,275,597
SSD	901	General Support for Social Services	28.00	\$2,605,565
VRSBD	238	Disability Determination	45.00	\$4,538,187
VRSBD	802	Vocational Rehabilitation	116.50	\$13,936,914
OYS	501	Youth Services Administration	22.00	\$5,639,264
OYS	502	Youth Services Program	0.00	\$4,392,916
OYS	503	Youth Residential Programs	75.50	\$6,779,534
ADMIN	904	General Administration of the DHS	186.00	\$7,664,694
DHS TOTAL:			1,863.50	\$1,072,129,424

APPENDIX II PROGRAM STATISTICS

BESSD PROGRAMS

TANF/TAONF

Table 1
TANF/TAONF Data
(By Selected Months)

	Sept 1997	July 1998	July 1999	July 2000	July 2001
Number of Households Assisted	23,573	23,528	23,459	20,612	18,148
Monthly Benefits Paid to Recipients	\$12,920,843	\$11,324,230	\$11,151,738	\$10,533,156	\$9,895,574
Households Reporting Earnings	6,548	7,131	8,078	9,361	7,369
Gross Earned Income Reported	\$3,717,973	\$5,113,881	\$5,703,982	\$5,816,167	\$5,173,056
Monthly Cost Avoidance to DHS as a Result of Earnings	\$1,443,317	\$1,953,247	\$2,165,324	\$2,121,823	\$1,901,400

Table 2
TANF/TAONF Caseload

Fiscal Year	Families per Month	Average Time on Assistance
1997	22,333	30
1998	23,530	29
1999	23,659	27
2000	21,782	13*
2001	19,464	15*

*Average time on assistance was recomputed from the start of TANF/TAONF on July 1997.

The People Served by the TANF/TAONF Programs

Each family which receives financial assistance, whether funded through the TANF or TAONF programs, is different. However, we can identify characteristics that are common. The average case size is 3.2 people.

Table 3
Typical Characteristics of Heads of Household of TANF/TAONF Programs

Characteristics of Heads of Households	%age
Female	74%
Male	26%
Under 35 Years Old	59%
Never Married	40%
Married	29%
Common Law	8%
Separated or Divorced	22%
Widowed	1%
Head of Household Disabled	23%
Head of Household with Grade 12 or Higher Education	62%

Table 4
Characteristics of the TANF/TAONF Program

Characteristics	Percentage
No. Eligible Adult and 1 Child	7.9%
No. Eligible Adult and 2 Children	3.1%
No. Eligible Adult and 3 or More Children	1.9%
1 Adult and 0 Children	0.9%
1 Adult and 1 Child	25.7%
1 Adult and 2 Children	17.8%
1 Adult and 3 Children	9.5%
1 Adult and 4 or More Children	7.3%
2 Adults and 1 Child	6.6%
2 Adults and 2 Children	7.2%
2 Adults and 3 Children	5.7%
2 Adults and 4 or More Children	5.9%

(Note: Percentages may not total exactly 100% due to rounding.)

Table 5
Ethnicity of Individuals Served by TANF/TAONF Programs

Ethnicity	%age
Mixed ethnicity, other than Part-Hawaiian	37.0%
Hawaiian/Part-Hawaiian	28.4%
Caucasian	9.8%
Filipino	7.8%
Samoan	7.5%
Hispanic, Black, Native American, Other Pacific Islander, or Asian	9.5%

GENERAL ASSISTANCE

Table 6
Typical Characteristics of Individuals Served by GA Program

Characteristics of Individuals	Percentage
<i>Age of Head of Household</i>	
29 Years or Younger	20.2%
Between 30 and 39 Years	26.1%
Between 40 and 49 Years	33.2%
Between 50 and 59 Years	17.1%
60 Years and Older	3.3%
<i>Marital Status of Head of Household</i>	
Single	54.5%
<i>Gender of Head of Household</i>	
Male	60.9%
Female	39.1%
<i>Citizenship</i>	
United States Citizens	94.6%
Noncitizens	5.4%

Table 7
Combined Reimbursement of State Funds for GA and AABD*

Fiscal Year	Reimbursement from the Social Security Administration	Cost of Contract with Legal Aid Society of Hawaii for Reimbursement Activities	Difference (in dollars)
1998	\$1,439,208	\$159,813	\$1,279,395
1999	\$2,405,526	\$356,469	\$2,049,057
2000	\$2,030,878	\$150,760	\$1,880,118
2001	\$1,636,071	\$171,050	\$1,465,021

*Aid to the Aged, Blind, and Disabled (AABD) Program

AID to the AGED, BLIND AND DISABLED

Table 8
AABD Caseload

Year	Individuals per Month
1996	2,840
1997	3,060
1998	3,213
1999	3,227
2000	3,198
2001	2,982

Table 9
Typical Characteristics of Individuals Served by AABD Program

Characteristics of Individuals	Percentage
<i>Age of Head of Household</i>	
Age 65 and Older	54.3%
Younger than Age 65	45.7%
<i>Marital Status of Head of Household</i>	
Married	33.5%
Widowed	24.8%
Single	21.9%
Separated	10.0%
Divorced	9.6%
Common Law	0.1%
<i>Gender of Head of Household</i>	
Female	58.5%
Male	41.5%
<i>Citizenship</i>	
United States Citizen	54.0%
Noncitizen	46.0%
Length Of Time On Assistance	26 months
One-Member Households	81.0%
Two-Member Households	19.0%

FOOD STAMP

Table 10
Monthly Food Stamp Program Participation

Program	AFDC	AFDC-UP	GA	SSI	AABD	NPA	Total
Households	12,139	5,743	3,687	12,095	833	17,098	51,594
Persons	37,846	22,893	3,841	14,775	938	30,081	110,374
Dollar Amount (millions)	\$4.38	\$2.51	\$0.57	\$1.72	\$0.138	\$3.44	\$12.76

AFDC = Aid to Families with Dependent Children recipients
AFDC-UP = Aid to Families with Dependent Children -- Unemployed Parents recipients
GA = General Assistance recipients
SSI = Supplemental Security Income recipients
AABD = Aid to the Aged, Blind and Disabled recipients
NPA = Non-Public Assistance recipients

EMPLOYMENT AND TRAINING

Persons Served by the E&T Program:

In FY 2001, 842 clients were served on Oahu, 248 on Hawaii, 208 on Maui/Molokai/Lanai, and 153 on Kauai.

Table 11
Age Distribution of Employment and Training Clients: FY 2001

Age	Count	Percent of Total
<16	0	0.00%
16 to 24	371	25.69%
25 to 34	276	19.11%
35 to 44	443	30.68%
45 to 55	304	21.05%
55+	50	3.46%
Total	1444	100.00%

FIRST-TO-WORK

Table 12
People Served by the DHS Work Program

Island	FY 1998	FY 1999	FY 2000	FY 2001	Total
Oahu	5,878	6,096	6,251	7,046	25,271
Hawaii	1,477	1,878	1,924	2,144	7,423
Maui/Molokai/Lanai	386	544	796	538	2,264
Kauai	175	337	412	221	1,145
Total	7,916	8,855	9,383	9,949	36,103

Table 13
Age Distribution of FTW Clients: FY 2001

Age	Count	Percent of Total
Missing	18	0.18%
<16	7	0.07%
16 to 24	2911	29.26%
25 to 34	3740	37.59%
35 to 44	2622	26.35%
45 to 55	604	6.07%
55+	47	0.47%
Total	9949	100.00%

Table 14
INVESTIGATIONS DATA

	OAHU	MAUI	KAUAI	HAWAII	TOTAL
COMPLAINTS	1,815	301	164	541	2,821
REFERRED TO AG*	85	33	12	20	150
INDICTED	56	17	8	6	87
CONVICTED	33	22	11	2	68
ADH**	125	23	0	13	161
ADH WAIVERS	358	123	94	64	639
REFER TO AG					
Financial	\$1,131,248	\$107,798	\$107,660	\$40,704	\$1,387,410
Food Stamps	658,228	80,217	61,044	26,513	826,002
Medical	448,441	47,216	80,833	6,496	582,986
Child Care	78,898	6,707	0	0	85,605
Other	33,372	0	0	0	33,372
TOTAL	\$2,350,188	\$241,938	\$249,537	\$73,713	\$2,915,376
INDICTED					
Financial	\$ 866,422	\$ 57,875	\$33,985	\$ 6,553	\$ 964,835
Food Stamps	410,769.	47,640	37,437	8,160	504,006
Medical	293,426	16,805	24,744	0	334,976
Child Care	71,258	6,707	0	0	77,965
Other	0	0	0	0	0
TOTAL	\$1,641,876	\$129,027	\$96,166	\$14,713	\$1,881,783
CONVICTED					
Financial	\$ 473,269	\$142,220	\$ 50,426	\$12,442	\$ 678,357
Food Stamps	315,166	88,495	56,329	4,256	464,246
Medical	244,988	92,024	25,279	2,485	364,778
Child Care	7,925	0	18,569	0	26,494
Other	85,093	0	0	0	85,093
TOTAL	\$1,126,441	\$322,739	\$150,603	\$19,183	\$1,618,968
ADH & WAIVERS					
Financial	\$399,020	\$ 91,684	\$17,807	\$ 96,727	\$ 605,238
Food Stamps	290,830	51,217	49,310	63,077	454,434
Medical	3,197	7,194	0	14,572	24,964
Child Care	0	3,540	668	0	4,208
Other	0	0	0	0	0
TOTAL	\$693,047	\$153,636	\$67,785	\$174,376	\$1,088,844

*AG = Attorney General

**ADH = Administrative Disqualification Hearing for initial violators of the financial assistance and food stamps program.

MED-QUEST PROGRAMS

QUALITY MEASURES

APHSA = American Public Human Services Association

NCQA = National Committee on Quality Assurance

Table 15

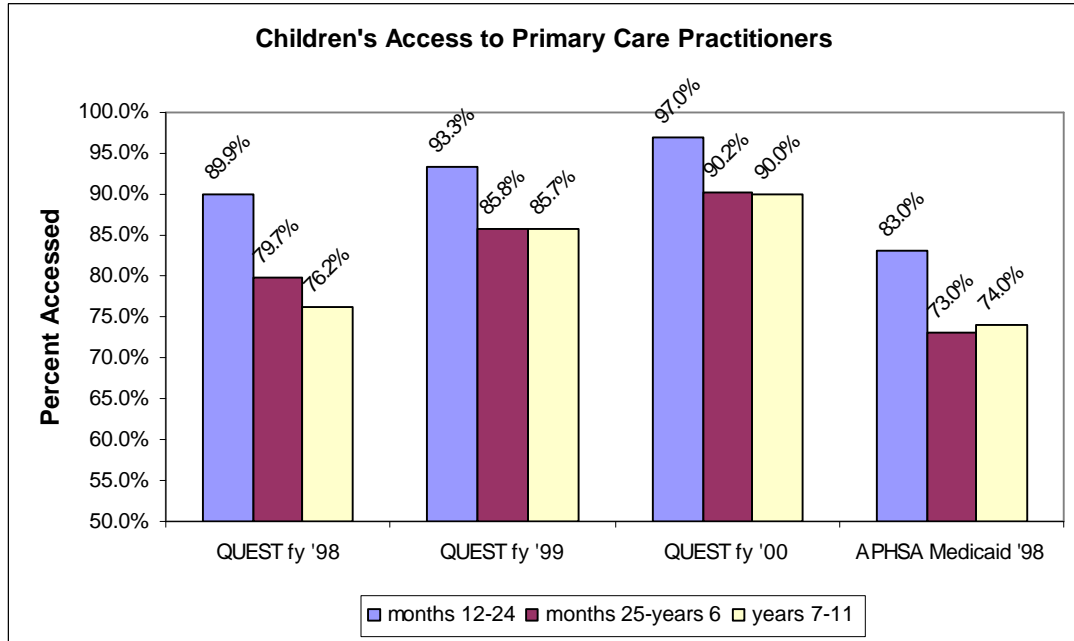


Table 16

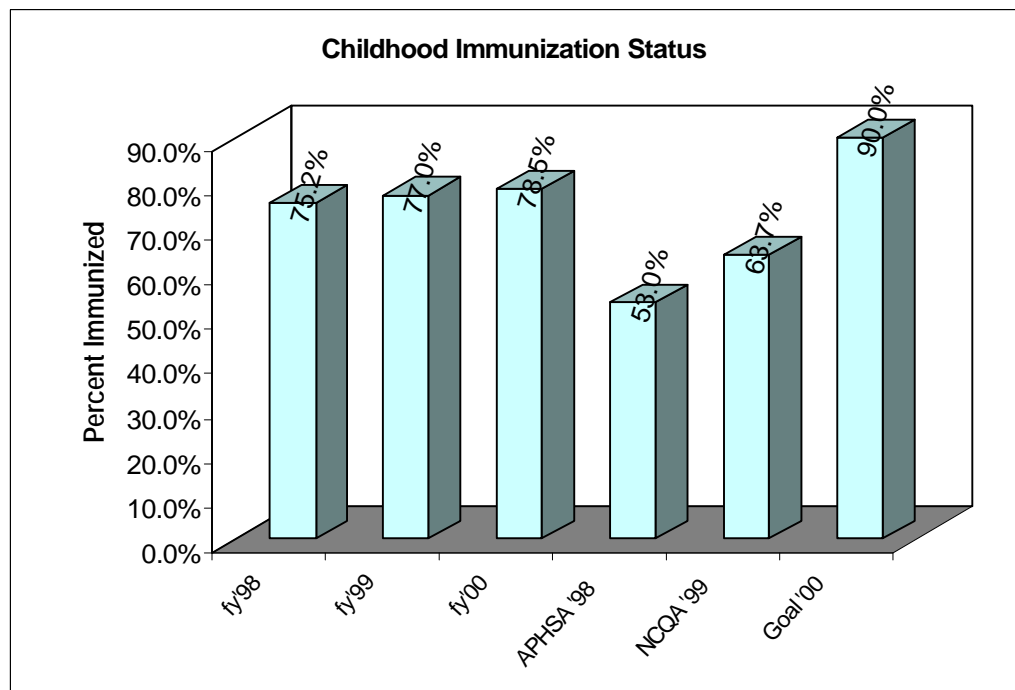
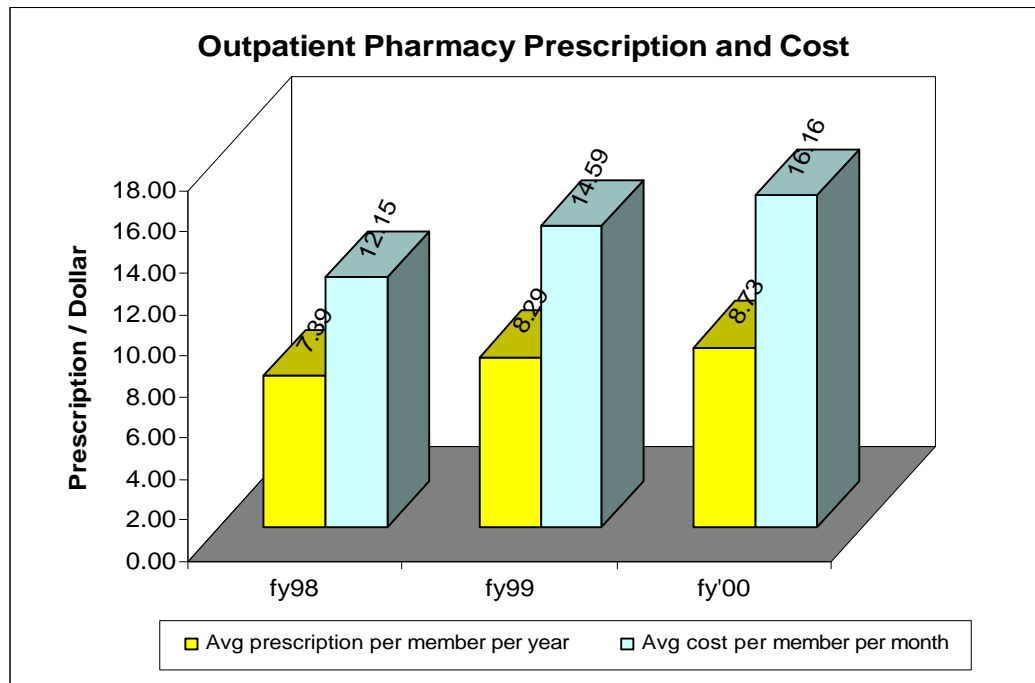


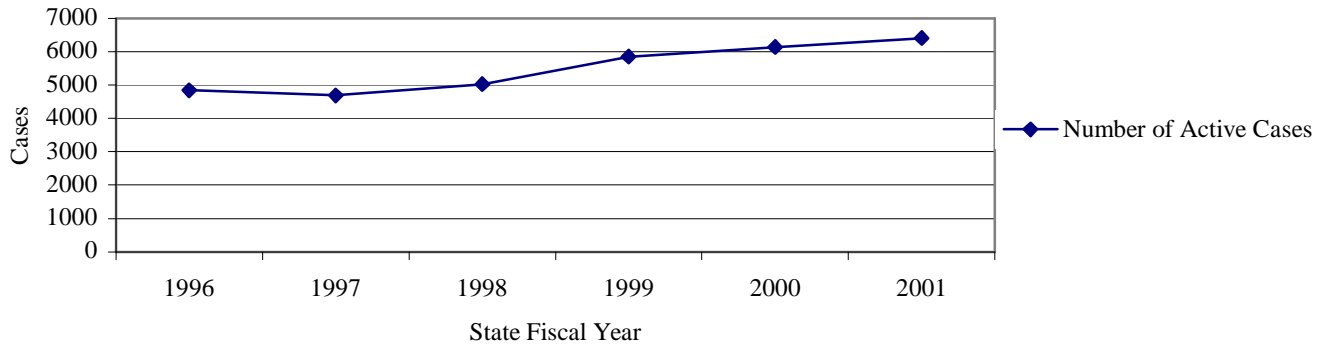
Table 17



SSD PROGRAMS

CHILD WELFARE SERVICES PROGRAM

Table 18



Child Welfare Outcomes

The U.S. Department of Health and Human Services (DHHS) has adopted a federal set of outcomes and related measures and systemic factors to assess states' performances in achieving safety, permanency, and well-being for children and families within required time limits. This new evaluation process is known as the Child and Family Services Review (CFSR), and the reviews will be conducted by a team of federal and state reviewers through case reviews and interviews with clients and stakeholders. CFSR's purpose is to focus on quality and child welfare practice. States are reviewed in the following outcomes and systemic factors that directly impact the State's capacity to deliver services leading to improved outcomes:

Table 19

CFSR Outcomes	
Safety	<ol style="list-style-type: none">1. Children are first and foremost, protected from abuse and neglect2. Children are safely maintained in their homes whenever possible and appropriate
Permanency	<ol style="list-style-type: none">1. Children have permanency and stability in their living situations2. The continuity of family relationships and connections is preserved for children
Children & Family Well-Being	<ol style="list-style-type: none">1. Families have enhanced capacity to provide for their children's needs2. Children receive appropriate services to meet their educational needs3. Children receive adequate services to meet their physical and mental health needs
Systemic Factors	<ol style="list-style-type: none">1. Statewide information systems2. Case review system3. Quality assurance system4. Staff and provider training5. Service array6. Agency responsiveness to the community7. Foster and adoptive parent licensing, recruitment and retention

Outcomes are evaluated by using specific performance indicators and two outcomes are evaluated using data indicators as well. The review and assessment of each of systemic factors is based on the extent to which the State is in conformity with those State Plan requirements. States will have two years to implement a Performance Improvement Plan (PIP) in areas found to be in non-conformity; continual non-conformity will lead to financial sanctions. Seventeen states have completed the CFSRs, and all required a PIP to address areas needing improvement. Hawaii will be reviewed in 2003. CWS has begun its preliminary preparation by looking at our data and has adopted the federal outcomes and related measures for reporting. The DHHS has developed national standards for the following outcomes and related measures:

Table 20

CWS Outcome	Measure of Performance	National Standard	Hawaii
Reduce the recurrence of child abuse or neglect	Of all children who were victims of confirmed child maltreatment during the SFY 2001 reporting period, what %age had another confirmed report within a 6-month period?	6.1% or less	4.4%
Reduce the incidence of child abuse and/or neglect in foster care	Of all children who were in foster care during the SFY 2001 reporting period, what %age was the subject of confirmed maltreatment by a foster parent or facility staff?	.57% or less	.6%
Reduce time in foster care to reunification without increasing re-entry.	Of all children who were reunified with their parents or caregivers at the time of discharge from foster care during SFY 2001, what %age was reunified within twelve months from the latest removal from home?	76.2% or more	79.6%
Reduce foster care re-entries	Of all children who entered foster care in SFY 2001, what %age re-entered care within 12 months of a prior foster care episode?	8.6% or fewer	11.3%*
Reduce time in foster care to adoption	Of all children who exited foster care to a finalized adoption during SFY 2001, what %age exited care within 24 months from the time of the latest removal from home?	32.0% or more	46.4%
Increase placement stability	Of all children served by the Department who had been in foster care for the time periods listed below during SFY 2001, what %age had no more than two placement settings during that time period?	86.7% or more	79.6%**

* Of the 2,087 children who entered foster care during the reporting period, 11.3% or approximately 236 children re-entered care within 12 months of a prior foster care episode. With the shorter time frame required by the Adoption and Safe Families Act of 1997, the Department has been successful in reunifying children with their families more quickly in the majority of cases.

** The initial placement setting usually occurs on an emergency basis and in an emergency shelter home for no more than 30 days. With 'Ohana Conferencing and concurrently planning practice, the Department is making every effort to secure a second placement that is willing to commit to permanency if reunification is unsuccessful.

ADULT AND COMMUNITY CASE SERVICES PROGRAM

Table 21
CLIENTS SERVED BY ADULT AND COMMUNITY CARE SERVICE BRANCH

<i>PROGRAM</i>	FY 98		FY 99		FY 00		FY 01	
ADULT PROTECTIVE SERVICES								
Reports investigated	467		453		407		480	
Confirmed abuse or neglect	189		196		203		203	
HOME AND COMMUNITY-BASED SERVICES								
Chore	1,435		1,414		1,471		1,423	
Adult Day Care	80		81		87		92	
Adult Foster Care	735		468		363		328	
Senior Companion ¹	121	280	140	300	147	469	156	587
Respite Companion ²	55	110	77	120	73	281	60	306
Foster Grandparent ³	145	603	150	650	160	700	162	720
<i>Medicaid Waiver Programs:</i>								
<i>NHWW</i>	506		639		729		805	
<i>RACCP</i>	133		284		442		653	
<i>DD/MR HCBS</i>	821		971		1,089		1,335	
<i>HCCP</i>	77		66		73		86	
<i>MFCC</i> ⁴	n/a		n/a		3		17	
<i>PACE</i>	70		87		92		107	
<i>Medicaid Waiver Program Subtotal:</i>	<i>1,607</i>		<i>2,047</i>		<i>2,428</i>		<i>3,003</i>	

¹ Senior Companions served annually/Clients served annually (Prior to FY 2000, numbers reflected average number of clients served monthly).

² Respite Companions served annually/Clients served annually (Prior to FY 2000, numbers reflected average number of clients served monthly).

³ Foster Grandparents served annually/Children with special needs served annually.

⁴ The MFCC Program began operations in March 2000.

VRSBD PROGRAMS

Table 22
Number of VR Program Clients Served

Indicators	FY 1999	FY 2000	FY 2001
Participants Served	6,630	6,765	6,619
Referrals Received	2,350	2,047	1,912
Placed into Jobs	538	576	566
Placed into Competitive Jobs	463 (86%)	495 (86%)	526 (92%)
Participants with Severe Disabilities	213 (40%)	205 (36%)	233 (41%)
Receiving Public Assistance	174 (32%)	203 (35%)	190 (33%)
Net Gain in Annual Earning Power	654%	527%	398%

Table 23
Disability Determination Program Accomplishments

Indicators	FY 1999	FY 2000	FY 2001
Claims Processed	9,361	9,940	10,654
Favorable Determinations	3,501	3,810	5,841
Accuracy Rate	94.0%	96.9%	95%
Referred to VR	195	261	278
Referred to CWSNB	N/A	238	378
Payments made to Hawaii's residents	\$170,211,000	\$198,201,000	\$203,623,764